

Chapter 3

Assure Children and Adolescents are Healthy

Hydrangea

Healthy behaviors by children and teens and a healthy start as life begins build the foundation for healthy adults. Planning for a healthy baby starts before conception, and health initiatives must inform and educate families of their role in bringing healthy children into the world and helping them grow into healthy adults. Establishing and maintaining healthy behaviors in the teen years increases the likelihood that teens will continue making good lifestyle choices throughout life and lessen their risks of chronic diseases later in life. Exercise, proper nutrition, maintaining an appropriate weight and not smoking are important keys to a healthy life.

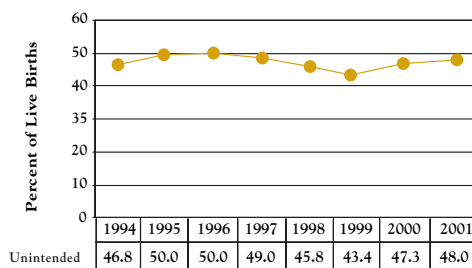


Planning for pregnancy improves baby's health

Women who become pregnant when they did not want to be pregnant at all (called unwanted pregnancy), or who did not want to become pregnant at that time (called mistimed pregnancy), added together make up the total number of women considered to have had an **“unintended” pregnancy**. Women who are unintentionally pregnant are more likely to not take care of themselves and their child, and they also have a greater chance of having a baby who is not healthy at birth. In 2001, the most current year available, 48 percent of women in South Carolina giving birth became pregnant unintentionally, slightly up from 2000. Black women were almost twice as likely as white women to have an unintended pregnancy (66.4 percent for black women compared with 38.3 percent for white women). The state is far from the Healthy People 2010 goal for the nation of no more than 30 percent of pregnancies to be unintended.

► <http://www.scdhec.gov/hs/mch/wcs/fp.htm>

Percent of S.C. Women Giving Birth Whose Pregnancy was Unintended



Data Source: PRAMS

No 2002 data available

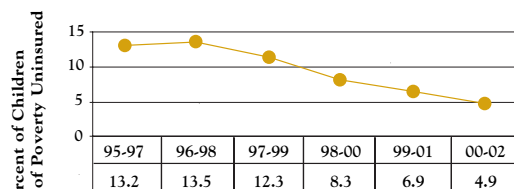
Early and continuous prenatal care important for pregnant women

Early and continuous prenatal care is important for all pregnant women for their own well-being and for the well-being of their growing fetus. The overall percent of women entering prenatal care during the first three months of pregnancy has not improved recently in South Carolina, nor has the gap between black and white women accessing care early changed significantly (see data, page 51). In 2002, 77.7 percent of all pregnant women began their prenatal care in the first trimester (82 percent for white and 69.8 percent for black women and women of other racial and ethnic minorities). The state is far from the Healthy People 2010 goal for the nation of 90 percent. The state is also far from the 2010 goal of 90 percent of pregnant women receiving adequate prenatal care (an appropriate number of visits). In 2002 in South Carolina, 75.2 percent of all pregnant women received adequate care (78.1 for white and 69.7 percent for black and other women).

► <http://www.scdhec.gov/HS/mch/wcs/flexedtmp.htm>

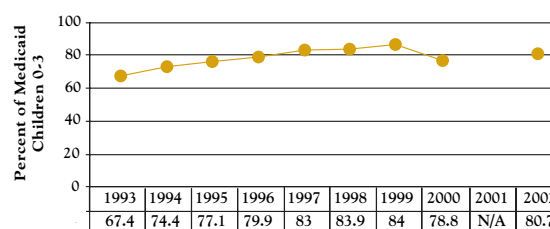


Percent of S.C. Children* Uninsured Birth to 19



*Children Under 200% of Poverty
Data Source: CPS

Percent of S.C. Children on Medicaid who Received a Primary Care Service



Data Source: S.C. Department of Health and Human Services

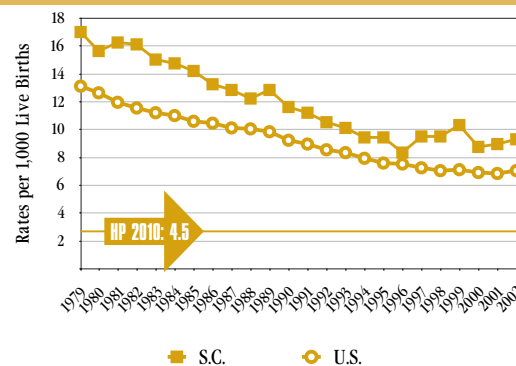
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Infant deaths worsen

South Carolina's infant death rate worsened in 2002, during which 9.3 infants died for every 1,000 live births, compared with 8.9 in 2001 and 8.7 in 2000. The historical disparity between black and white infant death rates in South Carolina also continued in 2002, with the black infant death rate being more than three times greater than the white rate (15.4 compared with five per 1,000 births. See data, page 51). South Carolina remains far from the United States rate of 6.8 (in 2001) as well as the Healthy People 2010 goal for the country of no more than 4.5 deaths per 1,000 live births. (For more on infant death disparities, see page 13.

- <http://www.scdhec.gov/HS/omh/infant.html>
- http://www.scdhec.gov/co/phsis/biostatistics/an_pubs/2002IMRandbirthsCharacteristics.pdf

US, SC Residents Infant Death Rates



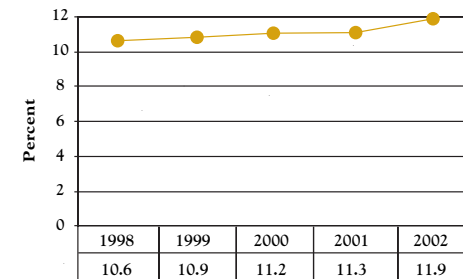
Data Source: SC DHEC SCAN
National Center for Health Statistics

Prematurity increasing

Babies born too early (before 37 weeks gestation) are more likely to die early, suffer lifelong consequences, and cost society millions of dollars each year in additional hospitalization and medical care. In South Carolina the percent of babies born early is increasing, standing at 11.9 percent in 2002.

The March of Dimes in South Carolina, with strong support from DHEC, is implementing a Premature Birth Campaign, with the two goals of raising awareness of the problems of prematurity and to decrease the preterm birth rate in the state. Four committees (Birth Prevention Projects, Education, Communications, and Public Affairs/Advocacy) will address the problem in a comprehensive manner.

Live Births of Less Than 37 Weeks Gestation



Data Source: SC DHEC Biostatistics

Postpartum newborn home visits lacking staff

Postpartum newborn home visits to the Medicaid population in South Carolina can make a positive difference in outcomes for newborns and are a cost-effective element of health care for this population. Under this program, Medicaid pays for a post-hospital discharge home visit to assess the environmental, social and medical needs of Medicaid-eligible infants as well as the family planning and other maternal health assessments and education needs of the mother. In home visits, nurses can identify infant problems early, such as poor weight gain, heart murmurs that develop after the first few days, blood pressure problems in the mother, etc. Nurses also can help the family find a medical home for the infant and stress the importance of well child care visits and immunizations. They also can assure that postpartum mothers receive their six weeks checkup and obtain family planning guidance. In 2002, DHEC provided about 91 percent of all Medicaid newborn home visits. Although the target for the state is 90 percent of all Medicaid newborns discharged from a hospital to receive a newborn home visit, only about 69 percent received a visit, primarily because of the critical nursing shortage DHEC is facing.

► <http://www.scdhec.gov/hs/mch/wcs/nbhv.htm>



AME Church partnership reaches out to women

The important and innovative partnership between DHEC, the March of Dimes and the AME Church continued this past year. Next year, the partnership will focus on:

- conducting trainings on infant deaths, its causes and ways to reduce risks. Church and public health leaders were trained in year one, and a standard curriculum has been developed, ensuring a consistent message and information presented across the state;
- having ministers distribute vitamins as part of premarital counseling and encouraging women to consume folic acid every day;
- developing a prenatal component to provide information about prematurity, the signs of preterm labor, and emphasize the important role fathers play. This component will include district “baby showers” that will highlight key messages about improving birth outcomes to attendees. The gifts brought to the shower will be placed in baskets given to parents-to-be in the AME Church. March of Dimes education flyers and pamphlets on preterm labor and the “Men Have Babies, Too” guide will be included in the baskets as well; and
- making financial resources available to DHEC districts and congregations to implement local strategies to increase awareness of infant mortality and the ways to improve birth outcomes.

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Increased newborn screening requirements approved

Through newborn screening, all infants are tested at birth for certain disorders that cause mental retardation, abnormal growth and even death. In January 2003, the DHEC board approved a major expansion in the number of disorders covered by the newborn screening test panel. When the new test panel is implemented, all newborns in South Carolina will be tested for cystic fibrosis, biotinidase deficiency and many other disorders caused by defects in the way the body uses fats and amino acids. When this panel is implemented, South Carolina will have one of the most comprehensive newborn screening panels in the nation.

► <http://www.scdhec.gov/hs/mch/wcs/nbscr.htm>

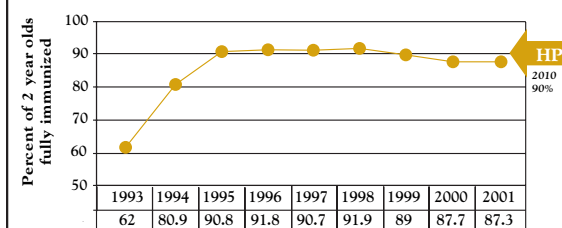


Immunizations for 2-year-olds remain high

DHEC has moved much of its direct childhood immunization efforts to the private sector by establishing immunization partnerships and encouraging medical homes for children. DHEC's primary role now is to work with private providers to make sure that children are getting timely and complete immunization coverage in the state. Despite this transition, the coverage level for 2-year-olds in 2001 continued to be high in the state, with South Carolina close to meeting the Healthy People 2010 goal for the nation of at least 90 percent coverage (see additional data, page 64).

► http://www.scdhec.gov/HS/diseasecont/immunization/child_vacc.htm

**S.C. Immunization Coverage Rates*
Children Age 2**



4 DTP, 3 Polio, 1MMR, 3 Hib

*Birth Registry Survey Division of Immunization

No 2002 data available

HP
2010
90%

Preventative oral health services receive funding

A statewide partnership led by DHEC launched a \$960,000 pilot project called “More Smiling Faces in Beautiful Places” aimed at improving oral health and access to dental care for young children and special needs individuals. The project, funded by the Robert Wood Johnson Foundation, kicked off in Chesterfield, Marlboro, Marion, Greenwood, McCormick and Hampton counties. The three-year grant allows South Carolina to work with local medical providers to link minority children and special needs individuals with oral health care, train dental providers to care for special needs persons and children from birth to 6 year of age, and educate those underserved families about oral health and its importance in a person’s overall health and well-being.

Eight community water systems received \$76,500 in 2003 to repair or replace fluoridation equipment to help reduce tooth decay, an example of how good environmental and public health efforts join to benefit South Carolinians. The funds will allow public drinking water systems to repair or upgrade equipment to provide just the right amount of fluoride for good dental health.

► <http://www.scdhec.gov/hs/mch/childcare/oral.htm>

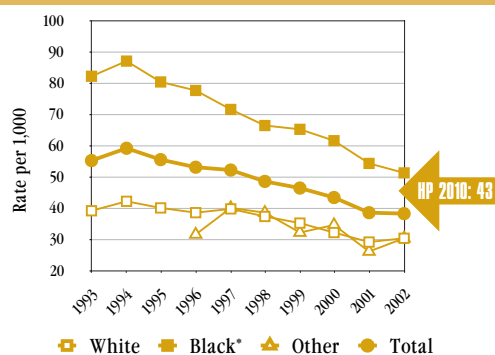


Teen pregnancy drops

The pregnancy rate among teens 15-17 in South Carolina declined in 2002 for black teens and increased for white teens and teens of other racial and ethnic minorities (others). From 1996 through 2002, the rate decreased 22 percent for white, 34 percent for black, and 2 percent for other teens. The pregnancy rate for black teens is still considerably higher than for white teens, but encouragingly, the disparity is decreasing over time (see additional data, page 52).

► http://www.scdhec.gov/co/phsis/biostatistics/an_pubs/2001%20Teen%20Preg.pdf

Trends in SC Adolescent Pregnancy Rates by Race, Ages 15-17



*Prior to 1994-1996, Black includes Black & Other
Data Source: SC DHEC BIOSTATISTICS

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Childhood deaths from unintentional injuries leading cause of death

Unintentional injuries (commonly known as accidents) kill more children ages 1 to 14 in South Carolina than any other cause of death. From 2000 through 2002, 269 children ages 1 to 14 died in South Carolina from unintentional injuries. In 2002, the death rate was 12 per 100,000 children ages 1 to 14 (see data, page 51) .

DHEC's Division of Injury and Violence Prevention coordinates efforts to reduce unintentional injuries in children through the Child Passenger Seat Program, the Child Fatality Advisory Committee, the Traumatic Brain Surveillance Program and the Residential Fire Injury Prevention Program.

- The Child Passenger Seat Program provides child passenger seat distribution and education to reduce unintentional death and injuries of young children.



- The Traumatic Brain Surveillance Program provides useful population-based hospital discharge data to support the need and effectiveness of programs such as the Child Passenger Seat Program.
- The Residential Fire Injury Prevention Program focuses on children under 5. Smoke alarm installation and fire safety education is provided to the families of these children to reduce the risk of death and injury from residential fires.
- The Child Fatality Advisory Committee provides annual statistical studies of the incidences and causes of child deaths in the state. This information is used to develop effective programs addressing the reduction of unintentional fatal injuries in this population.

Ongoing challenges, new approaches

Risky teen behaviors lead to lifelong health problems

Tobacco as a gateway drug to other risky behaviors is a threat to adolescent health. In the 2003 **Youth Risk Behavior Survey (YRBS)**, 25.8 percent of respondents in South Carolina said they were current smokers. DHEC's Division of Tobacco Prevention and Control addresses this high rate of smoking through its development of and participation in a youth movement against tobacco use modeled on successful programs in other states such as Florida. The movement's beginnings centered on development of a brand identity for and by youth. This identity, *Rage Against the Haze*, has grown in membership from 98 members in July 2003 to 438 members in January 2004. The dramatic increase occurred without any major mass media campaigns. The approach of "viral"

marketing (word-of-mouth marketing from youth to youth) to increase membership is clearly working. Because adoption of public policy is shown to make the most lasting impact on tobacco use behaviors, future efforts of this movement will center around policy change in local communities, including school districts, with merchants selling tobacco products to underage youth, and in ordinances with local governments for smoke-free public environments.

► http://www.scdhec.gov/hs/comhlth/risk/tobacco_control.htm

Obesity becomes epidemic

Youth in South Carolina continue to show increasing rates of overweight/obesity. According to the 2003 Youth Risk Behavior Survey, 28 percent of South Carolina high school students are overweight or at risk for becoming overweight. Of those, African-American and Hispanic/Latino students experience disproportionately high rates of overweight/obesity compared to Caucasian students. Disadvantaged young children are also greatly affected. Twenty-six percent of low-income children in South Carolina ages 2 to 5 are overweight or at risk for being overweight, according to data provided through the Women's, Infants and Children's supplemental nutrition program. Multiple factors contribute to the overweight/obesity crisis. The 2003 YRBS also indicates only 18 percent of high school students reported eating the recommended five to nine servings of fruits and vegetables per day. Additionally, 40 percent of South Carolina youth report not meeting the minimum recommended levels of physical activity.

Additional Resources:

CareLine

► 1-800-868-0404

Healthy Infants

► http://www.cdc.gov/nccdphp/drh/prams_sc.htm
<http://www.childbirth.org>
<http://www.healthystartassoc.org>

Teen pregnancy prevention

► <http://www.freeteens.org>
► <http://www.scdhec.net/hs/mch/wcs/tp.htm>

Prenatal Care

SC March of Dimes Chapter

► (803) 252-5200
► <http://www.healthystart.net>
► <http://www.scdhec.net/hs/mch/wcs/mat.htm>

Access to Health Care

Child Health Insurance Program, Partners for Healthy Children
► 1-888-549-0820

American Academy of Pediatrics

► <http://www.aap.org>

Children's Defense Fund

► <http://www.childrensdefense.org>

Henry J. Kaiser Family Foundation

► <http://www.kff.org>

Teen tobacco prevention

► <http://www.rageagainsthaze.com/>